

2104

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made
by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami County _____ No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>male</u>			

DATE OF BIRTH* August 9 1910
(Month) (Day) (Year)

FATHER
NAME Roscoe Chalona CampbellMOTHER
NAME Ethel Maude TurnbullI HEREBY CERTIFY that the child described herein
has been namedCharles Leroy Campbell
(Give name in full) (Surname)R. C. Campbell
(Parent's Signature)deceased
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41

333-809-533